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Bib Data Sheet

|  |   |                               |   |                                       |
|--|---|-------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/493,423   | <b>FILING DATE</b><br>01/29/2000<br><b>RULE</b> _   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3739   | <b>ATTORNEY DOCKET NO.</b><br>LE-199J |
| <b>APPLICANTS</b><br>Charles Christopher Negus, Taunton, MA ;<br>Stephen J. Linhares, Taunton, MA ;<br>Robert I. Rudko, Holliston, MA ;<br>Eileen A. Woodruff, Millis, MA ;<br>Robert R. Andrews, Norfolk, MA ;  |   |                               |   |                                       |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 08/731,862 10/21/1996 PAT 6,030,377  |   |                               |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 03/27/2000</b>   |   |                               |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>3              |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>2        |
| <b>ADDRESS</b><br>Kirk Teska<br>Iandiorio & Teska<br>260 Bear Hill Road<br>Waltham ,MA 02451-1018  |   |                               |   |                                       |
| <b>TITLE</b><br>Percutaneous myocardial revascularization marking and therapeutic or diagnostic agent delivery system  |   |                               |   |                                       |
| <b>FILING FEE RECEIVED</b><br>820  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |